

# INCREASING SUBSTANCE ABUSE TREATMENT



## Definition

Substance Abuse refers to overuse of, and chronic addiction to, alcohol and/or other drugs, especially illegal drugs. Treatment refers to a systematic approach to stopping or substantially reducing such use, and learning appropriate social skills to lead a drug-free life.

## Problem

The Center for Substance Abuse Research estimated that substance abuse costs the State of Maryland approximately \$5.5 billion annually. Estimates of economic burdens include health consequences, victimization and criminal justice involvement, motor vehicle crashes, impaired productivity, job loss, and financial destitution.

Substance abuse impacts the quality of life for a growing number of children who suffer abuse and neglect at the hands of an addicted parent. According to the Maryland Children's Action Network, the number of children in placement is increasing, and 60% of children entering out-of-home placement in 1998 had a parent with an identified substance abuse problem. Additionally, children who live in a house with an addicted parent are more likely to become drug and alcohol users as they grow up.



According to the Department of Health and Mental Hygiene Alcohol and Drug Abuse Administration's (ADAA) *Treatment Statistical Summary FY1999 Preliminary*, 66% of clients in substance abuse treatment reported problems with alcohol, 33% marijuana, 31% heroin, 21% crack, and 17% cocaine other than crack. Many clients reported having difficulty with more than one substance.

## Determinants

For the past 30 years, literally hundreds of well-documented studies have found that substance abuse treatment is effective in reducing alcohol and drug use -- especially when it is provided within a continuum of care. These studies also indicate that treatment reduces drug use and crime, leads to an increase in employment, an improvement in physical and mental health, and also contributes to increased physical and mental health of children of substance abusing parents.

For the most part, publically funded treatment programs in the State are filled to capacity. In many cases, clients seeking treatment (especially those who are uninsured or under insured) are unable to access the full range of services necessary for recovery. The ADAA reports that state-wide, several thousand individuals are turned away from treatment programs during any given month, many more than those formally listed on the waiting list. The FY1999 ADAA Treatment Statistical Summary indicates that 44,053 clients were treated in ADAA-funded programs and 43,632

<b>Maryland Alcohol and Drug Abuse Treatment Need by Region, FY 1997</b>		
<b>Counties</b>	<b>Estimated Persons in Need of Treatment</b>	<b>ADAA Funded Slots</b>
Anne Arundel, Baltimore, Carroll, Harford, and Howard counties	66,543	5051
Montgomery, and Prince George's counties	34,741	2,261
Calvert, Charles, and St. Mary's counties	13,985	1,309
Allegany, Frederick, Garrett and Washington counties	18,346	1,484
Caroline, Cecil, Dorchester, Kent, Queen Anne's Somerset, Talbot, Wicomico and Worcester counties	23,807	1,894
City of Baltimore	60,928	5,709
<b>Statewide</b>	<b>218,390</b>	<b>17,899</b>

**Source:** Alcohol and Drug Abuse Administration, presentation to State Legislative Budget Committees, February 1998

were treated in non-funded programs. ADAA Prevalence Estimates lists 230,937 people in need of treatment statewide for 1998. Obviously, more treatment is needed. The waiting list categories indicate the types of treatment that are most in demand.

Three-quarters of Maryland's jurisdictions reported one or more emerging drugs during the Maryland Drug Early Warning System's 1999 Drug Scan. An emerging drug is one that has been perceived as a problem within the last six months to a year and is strongly connected to a specific subculture. Heroin was mentioned in 14 counties and Ecstasy in 10 counties.

Currently, there is insufficient treatment capacity in Maryland. Some treatment programs are more effective than others. Treatment is most effective when it meets individual needs and is part of a continuum of care.

Although there is growing public support for the concept of treatment, there is often difficulty establishing treatment programs in specific communities. Further, Maryland's multiple funding streams do not facilitate a coordinated continuum of care.

Ideally, a statewide system would allow for coordinated care access across funding streams, improved access for the uninsured, systemic accountability, and would provide substance abuse treatment on demand (24 hours a day, 7 days a week).

**Objective 1** - By 2010, decrease to zero the number of people on waiting lists to receive substance abuse treatment by providing more treatment availability.

**Objective 2** - By 2010, require all substance abuse treatment programs to provide evidence of positive outcomes. These outcome measures will be determined by the State of Maryland Task Force to Study Increasing the Availability of Substance Abuse Programs in consultation with ADAA.

### **Action Steps**

- ⇒ Create an Emergency Addiction Treatment Fund to pay for services for at-risk targeted populations, to be determined by the Maryland Task Force to Study Increasing the Availability of Substance Abuse Programs in consultation with the ADAA.
- ⇒ Complete a comprehensive needs assessment to clearly identify service needs within a continuum of care in each local jurisdiction.
- ⇒ Provide access to substance abuse treatment 24 hours a day, 7 days a week, for the growing numbers of uninsured and under insured in each jurisdiction.
- ⇒ Ensure that substance abuse treatment programs provide a continuum of care that includes medical and ambulatory detoxification, outpatient and residential care, successful and permanent transition to the workforce for those leaving welfare, and transitional and drug-free housing.
- ⇒ Provide technical assistance by the Department of Health and Mental Hygiene to programs to help document successful treatment outcomes, especially concerning reduced drug use, increased employment, and decreased involvement with criminal justice.
- ⇒ Continue the ongoing Health Choice Substance Abuse work group process to improve access to services for those in the *HealthChoice* program.

Partners

Alcohol and Drug Abuse Administration, DHMH • Maryland Department of Health and Mental Hygiene • Maryland Department of Juvenile Justice • Maryland Department of Social Services • Maryland Local Health Departments • Maryland Office of the State’s Attorney • State of Maryland Task Force to Study Increasing the Availability of Substance Abuse Programs

References

Center for Substance Abuse Research. (1995). Data. Available: <http://www.cesar.umd.edu>.  
Drug Early Warning System. (2000, April). *Drug Early Warning System*, 2 (4). 1999 Drug Scan data.  
Available: <http://www.cesar.umd.edu/www2root/dews/docs/drugscan/docs/emergingco.htm>.  
Maryland Alcohol and Drug Abuse Administration. (1998). *Treatment Statistical Summary FY1999 Preliminary*.

Cross-Reference Table for Substance Abuse

See Also

Carroll County .....	172
Harford County .....	211
Queen Anne’s County .....	256
Wicomico County .....	279